2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000020132

1. Entity Name
JT'S RESCREENING, LLC.



FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90033 022 ****50.00

Principal Place	e of Business	Mailing Address	Mailing Address			40000143				
2097 SWAN LANE SAFETY HARBOR, FL 34695		2097 SWAN LANE								
SAFEIT HAKI	3UK, FL 34093	SAFETY HARBOR, FL	34093							
2 Principal P	land of Business	3. Mailing Address								
2. Principal Place of Business		3. Maining Address					ll Bajja (1811 B81			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182006	Chg-LLC	CR2E08	83 (11/05)		
City & State		City & State	City & State			er		Api	plied For	
		·			એ છ-	a411779		No	t Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$5.00 Addi Fee Required		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curre	nt Registered Agent				Address of New R		<u> </u>		
LINDSLEV	, JEFFERY		Name							
2097 SWA	N LANE		Street Address			(P.O. Box Number is Not Acceptable)				
SAFETY H	ARBOR, FL 34695									
				City	 		FL	Zip Code	,	
9. The sharp comed satisfy cultural this statement for the aurocco of charging its resistant				ad office or register	ed agent or bo	oth in the State of Ek		· '		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered age	ent and title if applicable. (NO	IE: Hegistered	d Agent signature required	when reinstating)		DATÉ	-		
Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State								İ		
Due by May 1, 2006						Florida	a Departme	ant of State	•	
9.		BERS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE NAME			TITLE					Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY	-ST-ZIP	_					
TITLE NAME		☐ Delete	Delete TITLE					☐ Change	Addition	
STREET ADDRESS	E		1	ET ADDRESS						
CITY-ST-ZIP			CHY	-ST-ZIP						
TITLE NAME			TITLE					☐ Change	☐ Addition	
STREET ADDRESS	s			ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE					Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	1				☐ Change	☐ Addition	
name Street address			NAM. STRE	ET ADDRESS						
CITY-S1-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP			1	-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the										
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 4/12/06										
SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devine Phone #										